



# Village of Downers Grove

## MASSAGE ESTABLISHMENT LICENSE APPLICATION

Date: \_\_\_\_\_

Application is hereby made to the Village of Downers Grove for issuance of a Massage Establishment license, pursuant to the ordinances of the Village and laws of the State of Illinois.

### 1. GENERAL INFORMATION

#### 1.1. Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### 1.2. Status

Individual(s) or Sole Proprietorship

Corporation

Limited Liability Company

Partnership

Other (explain) \_\_\_\_\_

#### 1.3. Manager

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

2. PREMISES

2.1. Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2.2. Does Applicant beneficially own the premises for which a license is

sought?      \_\_\_ Yes      \_\_\_ No

a. If yes, Applicant must attach proof of ownership. (i.e. deed)

b. If Applicant is not the beneficial owner of the premises, does Applicant have a lease thereon for the full period for which the license is to be issued?      \_\_\_ No      \_\_\_ Yes

If yes,

i. A copy of lease must be attached; and,

ii. Identify the owner or rental agent for the property:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2.3. State the anticipated date of occupancy. \_\_\_\_\_

2.4. Attach a diagram showing the internal and external configuration of the premises, which a License is sought.

2.5. Describe the specific type of Massage Establishment that the applicant proposes to operate at the premises.

\_\_\_\_\_

2.6. The length of time the Applicant has been involved in the type of business described above.

\_\_\_\_\_

2.7. Attach a copy of any and all massage establishment licenses, liquor licenses, or gaming licenses currently held by applicant.

### 3. CORPORATION/LIMITED LIABILITY COMPANY

This section must be completed by authorized agent of any corporate or limited liability company Applicant. If Applicant is a partnership, skip section 3 and go to section 4. If Applicant is neither a corporation, limited liability company, nor a partnership, skip sections 3 and 4 and go to section 5.

3.1. Applicant was incorporated or organized under the laws of the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

3.2. If Applicant was not incorporated or organized under the laws of the State of Illinois, is Applicant authorized to transact business in the State of Illinois?    \_\_\_ Yes    \_\_\_ No

3.3. Registered Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3.4. Corporate and limited liability company Applicants must complete and attach Officers and Directors, and Ownership Interests forms.

#### 4. PARTNERSHIP

This section must be completed by authorized agent of any partnership Applicant. If Applicant is not a partnership or limited liability corporation, skip to Section 5.

4.1. Applicant was formed under the laws of the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

4.2. Is Applicant a limited partnership pursuant to the Illinois Revised Uniform Limited Partnership?    \_\_\_ Yes    \_\_\_ No

4.3. If Applicant was not formed under the laws of the State of Illinois, is Applicant a foreign partnership qualified under the Illinois Uniform Partnership Act or the Illinois Uniform Limited Partnership Act, as now or hereafter amended, to transact business in the State of Illinois?

Yes       No

4.4. Registered Agent:       Not Applicable

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4.5. General Partner:       Not Applicable

Note: if there is more than one general partner, include that general partner who is to be primarily responsible for operation of the licensed premises.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4.6. Managing Partner:       Not Applicable

Note: if there is more than one managing partner, include that managing partner who is to be primarily responsible for operation of the licensed premises.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4.7. Partnership Applicants must complete and attach Partnership form.

5. SOLE PROPRIETORSHIP

Name: \_\_\_\_\_

Alias(es): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

6. QUALIFICATIONS

6.1. Has any license issued to the applicant, the manager or any person or entity listed on the Officers and Directors, Ownership Interests, or Partnership forms ever been fined, revoked or suspended?

\_\_\_ No

\_\_\_ Yes, please identify the following:

a. Jurisdiction revoking or suspending license: \_\_\_\_\_

b. Date of revocation or suspension: \_\_\_\_\_

c. Reason given by revoking jurisdiction for revocation or suspension:

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d. Additional explanatory information, if desired: \_\_\_\_\_

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6.2. Has Applicant, the manager, or any person or entity listed on the Officers and Directors, Ownership Interests, or Partnership forms ever been convicted or pleaded nolo contendere or received supervision for any Specified Criminal Act, as defined in the Article XX, Chapter 8, of the Downers Grove Municipal Code, within **Five Years** immediately preceding the date of the application?

\_\_\_ No

\_\_\_ Yes, please identify the following:

a. Jurisdiction revoking or suspending license: \_\_\_\_\_

b. Date of revocation or suspension: \_\_\_\_\_

c. Reason given by revoking jurisdiction for revocation or suspension:

\_\_\_\_\_

d. Additional explanatory information, if desired: \_\_\_\_\_

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6.3. Has Applicant, the manager, or any person or entity listed on the Officers and Directors, Ownership Interests, or Partnership forms, ever been convicted of a felony under Federal or State law?

\_\_\_ No

\_\_\_ Yes, please identify the following:

- a. Jurisdiction revoking or suspending license: \_\_\_\_\_
- b. Date of revocation or suspension: \_\_\_\_\_
- c. Reason given by revoking jurisdiction for revocation or suspension:  
\_\_\_\_\_
- d. Additional explanatory information, if desired: \_\_\_\_\_  
\_\_\_\_\_

6.4. Has Applicant, the manager, or any person or entity listed on the Officers and Directors, Ownership Interests, or Partnership forms, ever been convicted of a gambling offense in violation of Sections 28-1(a)(3) through (a)(10), or Section 28-3, of the Illinois Criminal Code (ILL. REV. STAT., ch. 38), as heretofore or hereafter amended.

\_\_\_ No

\_\_\_ Yes, please identify the following:

- a. Jurisdiction revoking or suspending license: \_\_\_\_\_
- b. Date of revocation or suspension: \_\_\_\_\_
- c. Reason given by revoking jurisdiction for revocation or suspension:  
\_\_\_\_\_
- d. Additional explanatory information, if desired: \_\_\_\_\_  
\_\_\_\_\_

6.5. Has Applicant, the manager, or any person or entity listed on the Officers and Directors, Ownership Interests, or Partnership forms,

been issued a federal wagering stamp by the federal government for the current tax period?

No

Yes, please provide details.

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6.6. Has a federal wagering stamp has been issued by the federal government for the current tax period for the premises for which a license is sought?

No

Yes, please provide details.

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6.7. Is applicant a citizen of the United States?

Yes     No     Not Applicable – Corporation / LLC/Partnership

6.8. Is applicant a resident of Downers Grove?

Yes     No     Not Applicable – Corporation / LLC/ Partnership

## 7. SUBMITTALS

7.1. In addition to this application form the following are submitted as applicable:

Manager Form

Officers and Directors

Ownership Interests

Partnership

Articles of Incorporation or organization (if applicable)

Proof of Ownership of Premises (i.e. title report)

Lease-If premises not beneficially owned by Applicant (for the full period for which the license is to be issued)

Application fee

License fee

Fingerprint fee

7.2. Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments and fingerprinting. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

7.3. In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and

provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

**THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:**

- A. THAT THE UNDERSIGNED IS EMPOWERED TO PREPARE AND SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT.**
- B. THAT THE APPLICANT HAS READ ARTICLE XX, CHAPTER 8 OF THE DOWNERS GROVE MUNICIPAL CODE AND THAT APPLICANT IS FAMILIAR WITH ITS TERMS AND CONDITIONS, AND THAT THE APPLICANT SHALL COMPLY THEREWITH.**
- C. THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION, AND ALL ATTACHMENTS AND SUBMITTALS, AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.**

Name of Corporation/Limited Liability Company/Partnership/Sole

Proprietorship: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_